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Critical Commentary

The Impact of Work-Related Violence towards Social Workers in Children and Family Services

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Abstract

This critical commentary assesses the research currently published on workplace violence towards social workers in child and family services. A literature search identified seven relevant studies. Verbal aggression and threats towards child and family social workers were found to be commonplace, had the most detrimental consequences, and were the hardest to identify and manage. Physical assaults were comparatively rare. However, all acts of violence were found to impact on well-being and practice, although not always in a negative way. Often, workers and services were able to learn from incidents and use them to aid the development of policies and training.

Keywords: Social worker, violence, children, impact

Introduction

Work-related violence towards social workers was first studied in the UK in 1978 after the fatal stabbing of a Hampshire social worker by a client (Crane, 1986). Since then, the majority of social workers have reported experiencing some form of violence during their career (e.g. Rowett, 1986; Newhill, 1996; Padyab *et al.*, 2012), most often at the hands of clients or the family and associates of clients (Beddoe *et al.*, 1998). The majority of research on violence towards social workers is based on their retrospective accounts of work-related violence, which may be subjective and lack reliability. However, associations have been found between client violence and anxiety, sleep disorders and social dysfunction (Padyab *et al.*, 2012), which in turn has been found to increase staff absenteeism and altered working practice (Newhill and Wexler, 1997).

Within social care professions, child and family social workers have been

found to be the population most at risk (Newhill and Wexler, 1997; Shin, 2011); however, the majority of research on violence has focused on learning-disabled populations. Staff in learning disability services have been found to have emotional responses to violence mediated by their attributions about the behaviour, which have in turn been found to cause staff behaviours which can serve to both cause and maintain challenging behaviour (Hastings, 2002). When questioning how child and family social workers' practice may influence and maintain client violence, Oliver's (1995) adaptation of the coercion hypothesis for challenging behaviour in learning disability populations may provide a useful framework. An observation study by Hall and Oliver (1992) offered support for Oliver's (1995) proposed process of mutual reinforcement whereby the inattention of staff served as an antecedent to clients' self-injurious behaviour. The self-injurious behaviour was perceived by staff as an adverse stimulus which they wished to escape and their approach-escape behaviour served to reinforce not only the self-injurious behaviour, but also their own avoidance behaviour (Hall and Oliver, 1992). When similar approach-escape behaviour is observed in child and family services, client violence is negatively reinforced by the disengagement of child services (Stanley and Goddard, 1997), thus reinforcing the aggressive behaviour. This suggests the need for a better understanding of how social workers understand and respond to workplace violence, particularly in light of the proposed reciprocal nature of staff and clients' behaviour (Hastings and Remington, 1994).

Weiner (1986) proposed a model of helping behaviour which is also commonly applied to the understanding of challenging behaviour within a learning disability population. It proposes that an individual's propensity to help another is mediated by the attributions and emotions they ascribe to the behaviour. Weiner (1986) proposed that helping behaviour was more likely to occur when the stability of the behaviour was deemed to be low, therefore increasing optimism for change and when controllability of the behaviour by the individual was also deemed to be low, resulting in higher levels of sympathy and low levels of anger. Weiner's model has been challenged methodologically and considered to be only of relevance to low-frequency behaviours (Willner and Smith, 2008). It therefore may not be the best model to apply in child and family social work settings given social workers' tendency to habituate to displays of violence due to its high frequency (Virkki, 2008). Future research may be best advised to consider alternative viewpoints for understanding social workers' responses to client violence such as coping styles, training, job satisfaction and alternative theoretical approaches.

This critical commentary aims to identify, appraise and synthesise studies of workplace violence in child and family social work. The majority of research to date on workplace violence has focused on health care professionals or social workers in adult or mental health services, despite evidence suggesting that professionals working with children and adolescents are at a greater risk of violence than those working with adults (Brockmann, 2002). The intention of this critical commentary is to gain a clearer picture of the prevalence of violence towards professionals in child and family social work and the impact those experiences have on their working practice, personal well-being and home life. It also seeks to highlight the gaps in the literature and make recommendations for future research and how that may contribute to service development.

Methods

Inclusion and exclusion criteria

The critical commentary includes studies from the last thirty years (1982–2012), considers articles in the English language only, and focuses on social workers in child and family services. It was specific to the impact of client violence by children, young people or family members and not, for example, by colleagues. Finally, studies were only included if they measured the impact that work-related violence had on social workers.

Electronic database search

The online databases MEDLINE, EMBASE, PsycINFO, ASSIA and CINAHL+ were searched for articles published in the English language between January 1982 and December 2012. A keyword search of abstracts was conducted using the following search terms: client\$ or child\$ or youth\$ or adolescent\$ or famil\$ AND social worker\$ or residential worker\$ or field worker\$ or child protection worker\$ AND violen\$ or aggress\$ or harass\$ or inciden\$ or assault\$ or threat\$ AND impact or well-being or mental health or distress\$ or stress\$ or psychological. A total of 631 records were found, reduced to 515 following de-duplication. After screening article titles and then abstracts against the inclusion criteria, three papers remained (Newhill and Wexler, 1997; Regehr *et al.*, 2004; Shin, 2011) and were included in the review.

Hand search of selected journals

A hand search of the *British Journal of Social Work* and the *Journal of Social Work* were conducted due to their frequent citing during the electronic database search. This yielded 944 records reduced to 942 after de-duplication.

Nine hundred and twenty-nine records were excluded after a review of their titles, as the focus of the studies was not relevant to the current review. Of the remaining thirteen articles, two met the inclusion criteria outlined above (Lit-[tlechild, 2005a, 2005b](#)).

Reference list search

A hand search of the reference lists of the excluded and included articles was conducted to identify further papers which may have met inclusion criteria. Two met inclusion criteria ([Horejsi et al., 1994](#); [Horwitz, 2006](#)).

Assessment of methodological quality

The studies included used both qualitative and quantitative methods and, as such, two quality appraisal frameworks were used. The Critical Appraisal Skills Programme ([CASP, 2002](#)) was used to appraise the quality of the qualitative studies. It aimed to appraise the appropriateness and clarity of the research question, the research design, recruitment procedures and methodology, and data analysis. It also assessed for adequate consideration of reflexivity, ethical concerns and generalisability.

Quantitative studies were appraised using the Scottish Intercollegiate Guidelines Network (SIGN) methodology checklist for cohort studies (*Methodology Checklist 3: Cohort Studies*, [SIGN, 2013b](#)). It appraised the appropriateness and clarity of the research question and the statistical analysis, the use of control groups to minimise confounding factors and the use of valid measures, whilst also assessing for adequate consideration of generalisability. A quality rating system recommended by the [SIGN \(Annex C, 2013a\)](#) for cohort studies was used to score both quality appraisal frameworks. Studies where 75–100 per cent of the criteria were met were given a ++ grade indicating few flaws and a low risk of bias; studies where 74–50 per cent of the criteria were met were given a grade of + indicating some flaws and a moderate risk of bias; those studies meeting less than 50 per cent of the criteria were given a grade of – indicating significant flaws and a high risk of bias.

The characteristics of the seven studies included in the critical commentary and their quality ratings are outlined in Table 1.

Narrative Synthesis

Prevalence

The majority of participants across all seven studies reported having experienced at least one incident of violence throughout their career including verbal and physical aggression, threats, property damage and intimidation. With the exception of one study ([Regehr et al., 2004](#)), verbal aggression

Table 1: Overview of included studies

STUDY	AIM	COUNTRY	SAMPLE	PARTICIPANTS	DESIGN	CONCLUSIONS	QUALITY RATING
Horejsi <i>et al.</i> (1994)	Frequency, type and impact of workplace threats and violence towards Child Protection Social Workers.	USA.	166 staff from Department of Family Services.	Gender: 73% female 27% male Age: Median age 41yrs	Questionnaire. common.	† Threats and violence is fairly <ul style="list-style-type: none"> Verbal abuse was the most common form violence. Workplace violence can cause fear and thoughts about changing jobs. 	+
Horwitz (2006)	Frequency of negative workplace events and negative workplace effects.	USA.	273 child welfare workers.	Gender: 79% female 21% male Age range: 23-62 years Median age: 40.4 years	Questionnaire.	† There is a relationship between traumatic workplace events and traumatic workplace effects. <ul style="list-style-type: none"> Vicarious and indirect traumatic events were more strongly associated with traumatic effects. 	+
Littlechild (2005a)	Child protection social workers experience of violence and aggression by clients.	England.	48 child protection social workers and managers.	Not reported	Questionnaire and 7 semi-structured interviews.	• Physical violence is rare. • Indirect violence is common and impacts on wellbeing and practice. • Violence causes a range of psychological difficulties: anxiety, anger, fear and shock.	+
Littlechild (2005b)	Issues arising for managers in relation to violence and aggression towards social work staff.	England.	20 managers in child protection.	Not reported	20 semi-structured interviews.	• Violence and aggression impacts on child protection social workers wellbeing and practice. • Personalised threats have the biggest impact on workers and their practice. • Importance of supervision and managerial support.	+

Newhill & Wexler (1997)	Client violence towards child and youth service social workers compared to social workers in other fields.	USA.	1129 social workers.	Gender: 80% female; 20% male. Mean Age: 44.8 yrs.	Questionnaire.	† Child and youth social workers experience more violence and aggression than other social workers. • Violence and aggression impacts on wellbeing and working practice. • Gender (male) and age (younger) were significant risk factors for client violence.	++
Regehr <i>et al.</i> (2004)	Test models for predicting post-traumatic distress in child welfare workers.	Canada.	156 employees	Gender: 77% Women, 23% Men. Age range: 23-63 years. Mean age: 40.8 years.	Survey with a battery of measures.	• Individual, organizational and incident factors significantly impact on distress which in turn significantly impacts on post-traumatic growth. † As relational disturbances and loss of control increase so too does distress. † Managerial support did not impact significantly on distress. † Workload stressors, union support and distress all increased together. † As time since incident decreases and number of incidents increases so too does distress.	++

Continued

Table 1: Continued

STUDY	AIM	COUNTRY	SAMPLE	PARTICIPANTS	DESIGN	CONCLUSIONS	QUALITY RATING
Shin (2011)	Client violence towards child protection workers (CPW) and its negative impact, compared community social workers (CSW).	South Korea.	413 social workers: 207 CPW's; 206 CSW's.	CPW'S Gender: 56.5% Women, 43.5% Men. Age range: 22 to 61 yrs. Mean age: 28.9 year. CSW's Gender: 65.5% Women, 35.5% Men. Age range: 21 to 63 yrs. Mean age: 30.4 yrs.	Questionnaire.	<ul style="list-style-type: none">† CPSW's experience more client violence, perceive it as more serious and see a greater need for programs to deal with it than do CSW's.• Violence towards CPSW's was negatively associated with job satisfaction and intention to leave.	+ +

was found to be the most common, most frequent (Horwitz, 2006) and the most difficult form of violence to manage (Littlechild, 2005a). It was described as being 'less obvious', 'pervasive' and 'insidious' and, when exhibited frequently, had the most difficult consequences for staff (Littlechild, 2005a). Findings were consistent across studies and all were deemed to be of average methodological quality.

Conversely, Regehr and colleagues (2004) found physical assaults to be the most commonly reported type of violent incident, experienced by 52 per cent of their participants in the year preceding their study; however, it is important to be mindful of the limitations of their small sample. Physical assaults were described across all seven studies; however, reported prevalence was consistently low compared to other forms of aggression, with 2 – 34 per cent of social workers (Newhill and Wexler, 1997; Shin, 2011, respectively) reporting having experienced physical violence compared with between 37 and 97 per cent (Newhill and Wexler, 1997; Horejsi *et al.*, 1994, respectively) reporting having experienced verbal aggression or threats. Despite being of 'good' or 'average' methodological quality, all these studies were limited by their lack of a valid measure.

Property damage and verbal threats towards social workers and their families were also commonly reported across the studies but again occurrence was relatively infrequent (Horwitz, 2006) and the reported prevalence was inconsistent across studies ranging from 16 to 43 per cent for property damage (Shin, 2011; Newhill and Wexler, 1997, respectively) and from 6 to 94 per cent for threats (Horejsi *et al.*, 1994; Shin, 2011, respectively). The retrospective nature of these studies may account for some of the inconsistent findings.

Risk factors

Newhill and Wexler's (1997) study was the only one in this review to propose that the age of the perpetrator was a significant risk factor. They concluded that adolescents were the most common offenders and that they were most frequently associated with property damage (41 per cent) and physical attacks (56 per cent); in comparison, adults were reported to be infrequent offenders and were more likely to engage in threatening behaviour (29 per cent of twenty-to-twenty-nine-year-olds and 41 per cent of over thirties).

The gender of perpetrators was discussed as a risk factor in four studies (Horejsi *et al.*, 1994; Newhill and Wexler, 1997; Littlechild, 2005a, 2005b), but again no general consensus was found. One study reported that the majority of participants (63 per cent) stated that they did not believe there to be a gender difference in the perpetrators of violence (Horejsi *et al.*, 1994). Newhill and Wexler (1997), however, reported men to be the most common offenders, accounting for 64 per cent of threats, 91 per cent of property damage and 57 per cent of physical attacks, and this study was rated as more robust methodologically. Conversely, Littlechild (2005a, 2005b)

found women to be more physically aggressive in child protection procedures, with social workers reporting that the majority of verbal threats and physical attacks were carried out by women. It was stated by both managers and social workers that men were more subtle in their efforts to threaten and intimidate social workers, such as following social workers' cars, or waiting until they were alone before threatening them. The qualitative nature and small sample size of these studies limit the generalisability of these findings; however, they do serve to question whether the varying cause and nature of violence is gender-specific.

Two studies, of 'good' methodological quality, questioned whether child protection social workers experienced higher levels of violence than social workers in other fields and found that child protection social workers were more frequently exposed to violence (Newhill and Wexler, 1997; Shin, 2011). This suggests that the specialist population with which social workers engage may be a risk factor in itself.

Two studies, of average methodological quality, remarked on the most dangerous tasks that social workers engage in and found removal of a child to be the most commonly stated (Horejsi *et al.*, 1994; Littlechild, 2005b). This was noted as a situation where emotions were high and the power and control dynamics between social workers and clients was most obvious; however, attendance at child protection conferences and hearings and arranging and facilitating contact were also deemed as emotionally charged situations and where risk of violence was higher (Littlechild, 2005b). Social work managers reported that they believed client violence to be borne out of feelings of disempowerment and invasion of privacy by the social worker and that aggression served to upset the power balance in favour of parents and leave social workers feeling similar disempowerment to that of abused children (Littlechild, 2005a). Furthermore, they stated that they believed violence towards social workers served to deflect attention away from child protection issues with 40 per cent of managers seeing acts of violence as commonly associated with child abuse. The type of child maltreatment was, nevertheless, not deemed to be a good predictor of client violence (Horejsi *et al.*, 1994).

Impact

Across all seven studies, workplace violence was found to impact on social workers' psychological well-being and their working practice. In a study of 'good' methodological quality, limited only by its small sample size, distress was found to be associated with organisational factors: workload stressors, including work with disruptive clients and union support; individual factors: high levels of egocentricity, insecurity, social incompetence and loss of control and incident factors: increasing numbers of incidents and time elapsed since the incident (Regehr *et al.*, 2004). Both direct events, such as verbal abuse, and vicarious events, such as working with children in distress,

were associated with psychological trauma in the form of intrusive or distressing thoughts (Horwitz, 2006).

Horejsi *et al.* (1994), Newhill and Wexler (1997) and Littlechild (2005b) asked participants to report the emotional responses they experienced in the aftermath of violence, with anger, fear and anxiety most commonly reported. Emotional response, however, appeared to vary depending on the type of aggression experienced. Threats appeared to have the biggest impact on psychological well-being, as 69 per cent of social workers reported feelings of fear and 62 per cent reported anxiety in response to threats, compared with 31 and 63 per cent, respectively, in response to property damage, and 39 and 43 per cent, respectively, in response to physical attacks (Newhill and Wexler, 1997). Threats appeared to have particularly damaging repercussions when perceived to be personally directed at workers and their families, with 17 per cent reporting having been frightened for themselves at least once a month and 15 per cent frightened for their family (Horejsi *et al.*, 1994). The retrospective nature of the study does, however, call into question the reliability of these data, as participants were asked to recall events from the preceding year.

Experiences of workplace violence were also reported to impact significantly on working practice by 43 per cent of social workers (Littlechild, 2005b). Managers described rising tensions around balancing workers' own safety with that of the children they were trying to protect (Littlechild, 2005a). Workers felt intimidated or lacking confidence following client violence and this had a negative impact on conducting full assessments (Littlechild, 2005a). This was often found to result in incorrect conclusions being drawn about the needs of the child and their family, poor decisions being made and a lack of appropriate support being put in place (Littlechild, 2005a). Not all consequences of violence towards social workers were found to be negative. Increasing levels of distress, as a result of workplace violence, were found to be associated with increasing levels of post-traumatic growth, which represents the positive outcomes of trauma, such as feeling closer to others or feeling more self-reliant (Regehr *et al.*, 2004). Furthermore, some instances of violence were regarded as learning experiences, which made valuable contributions to the development of policies and training to enhance the safety of workers, and also served to strengthen workers' commitment to the safety of themselves, colleagues and clients (Newhill and Wexler, 1997).

Discussion

Violence in child and family social work is clearly a problem, although to what extent is difficult to interpret due to the limited research and the considerable variation between results. Differences in prevalence rates may relate to methodology, measurement tools, culture and the lack of a universal definition or standardised measure for workplace violence.

The literature reviewed here has, however, been appraised to be of 'good' to 'average' quality and limited mostly by small sample sizes and the lack of standardised measures. Overall findings suggest that physical violence is rare but that verbal aggression is a common occurrence experienced by the majority of child and family social workers (Horejsi *et al.*, 1994; Newhill and Wexler, 1997; Regehr *et al.*, 2004; Littlechild, 2005a, 2005b; Horwitz, 2006; Shin, 2011). The one study suggesting that physical violence was more common had a small sample, therefore limiting the generalisability of its findings (Regehr *et al.*, 2004).

The frequency with which verbal aggression occurs appears to have led social workers to downplay the danger it may pose and almost accept it as part of the job, contributing to a culture of under-reporting (Beddoe *et al.*, 1998; Littlechild, 2005a). The abstract nature of verbal aggression has made it difficult to quantify and, as a result, managerial boundaries and policies regarding its reporting are unclear (Littlechild, 2005a, 2005b). The rate of under-reporting due to ambiguous policies highlights the importance of regular supervision and clearer guidelines to ensure more accurate records of violence.

Social workers often report feelings of anger, fear and anxiety in the aftermath of violence (Horejsi *et al.*, 1994; Newhill and Wexler, 1997; Littlechild, 2005b). However, there have been no studies of social workers' attributions about client violence, therefore preventing an understanding of how attributions may have influenced these negative responses. Weiner's (1986) model of helping behaviour would propose that such negative emotions were the result of an attribution of high levels of stability and control consequently leading to low levels of helping behaviour. Indeed, workplace violence has been found to have a significant impact on working practice, causing low morale, high absenteeism and generally low efficiency and effectiveness amongst staff teams (Horejsi *et al.*, 1994; Newhill and Wexler, 1997; Regehr *et al.*, 2004; Littlechild, 2005b; Shin, 2011). Future research could contribute to better training and support for staff in dealing with client violence. Research in learning disability services has found staff reporting reduced levels of anxiety and increased levels of perceived support following a stress-reducing intervention (Rose *et al.*, 1998) as well as observations of increased positive interactions and helping behaviour with clients when compared to controls (Rose *et al.*, 1998).

There does not appear to be a consensus regarding the risk factors most commonly associated with violence in child and family services. The gender and age of perpetrators are commonly discussed; however, there continues to be disagreement between studies as to whether these are significant risk factors. What is suggested, however, is that the nature of violence varies with age and gender: the aggression and physical violence displayed by women is perceived to be more spontaneous and emotionally charged and is often in response to the removal of children (Littlechild, 2005a, 2005b), whereas violence by men was perceived to be more devious, often

premeditated and more commonly in the form of threats, intimidation and property damage (Newhill and Wexler, 1997; Littlechild, 2005a, 2005b).

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